

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000605

STATE FILE NUMBER

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

86

FILED FEB 17 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cape Girardeau

Length of stay in 1b

40 Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY  
OR TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1507 No. Main Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Virgil

Middle

Austin

Last

Davis

4. DATE  
OF DEATH

Month

Day

Year

February 4, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/5/1890

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired fireman Cotton Belt R.R.

## 10b. KIND OF BUSINESS OR INDUSTRY

Belt R.R.

## 11. BIRTHPLACE (City and state or country)

Nelsonville, Ohio

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Albert Davis

## 13b. MOTHER'S MAIDEN NAME

Margaret E. King

## 14. NAME OF HUSBAND OR WIFE

Archie Davis

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Archie Davis-Cape Girardeau, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Metastatic Carcinoma of Prostate

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

6 months

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1-18-62 to 2-4-62 and last saw him alive on 2-3-62

Death occurred at 7:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Ernest M. Hoxworth M.D.

## 22b. ADDRESS

24 No. Sprigg St.

## 22c. DATE SIGNED

2/7/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2/07/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

## 23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

L. L. Haman-Cape Girardeau, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-8-62

## 26. REGISTRAR'S SIGNATURE

Dennis Kasten

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DR. Hoxworth

FEB 15 1962

MAY 1 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Howard R. Herman*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.